

**Pre-Proposal Conference for the
Developmental Disabilities Administration
Behavioral Support Services**

Conducted On
March 26, 2013

Parties Present:

Cathy Carter
Michele Ferges
Shirley Pretto
Phyllis Landry
Vanessa Bullock
Janet Furman
Nancy Hatch

Respondents to the Conference

Transcribed By: Always On Time

1 STATE OF MARYLAND

2 DEPARTMENT OF MENTAL HEALTH AND HYGIENE

3 March 26, 2013

4
5 CATHY CARTER: --Cathy Carter, [inaudible 00:02]
6 Office of Procurement and Support Services for the Department of
7 Health and Mental Hygiene. We're here today for the pre-proposal
8 conference for the Developmental Disabilities Administration,
9 Behavioral Support Services RFP. If you have not already done
10 so, before you leave, please make sure you sign in and if you
11 have a business card, we ask that you would leave that also. I'm
12 here today to go over the process for this procurement, which is
13 a Competitive Sealed Proposal Procurement.

14 The Department of Health and Mental Hygiene, DDA, is
15 seeking proposals from qualified offerors to provide
16 comprehensive behavioral support services to people identified by
17 them as eligible. These services include mobile crisis
18 intervention, behavioral assessment, consultation and support and
19 behavioral respite. Services may be awarded statewide but
20 alternatively may be awarded by region as described in the Scope
21 of Work, which is Section 3 in your RFP. You must be an eligible
22 Medicaid provider with self-certification.

23 Minutes will be taken of this conference and will be
24 distributed to everybody in attendance and to everybody who is
25

1 known to have received a copy of the RFP. If you decide not to
2 submit a proposal, we ask that you complete and return page ii in
3 your RFP, it is a Vendor Feedback Form, which helps the
4 department in planning future procurement.

5 Subsequent to this pre-proposal conference, written
6 questions will still be accepted if there is sufficient time to
7 answer questions before the due date. Questions and answers will
8 be distributed to all vendors known to have received a copy of
9 the proposal. Questions and answers, as well as the minutes
10 from this pre-proposal will be posted on eMaryland Marketplace
11 and the Department of Health and Mental Hygiene website. Please
12 remember that in order to receive an award, you must be
13 registered with eMaryland Marketplace. Subsection 1.8 gives you
14 the website to contact, if you have not done so.

15 Questions should be submitted no later than five days prior
16 to the proposal due date. The procurement officer, based on the
17 availability of time and research to communicate an answer shall
18 decide whether an answer can be given to a question, so please,
19 make sure you get your questions in as soon as possible.

20 The contract resulting from this solicitation is for three
21 years, beginning on or about July 1st. Your proposal should be
22 submitted to the Department of Health and Mental Hygiene in two
23 volumes. The first volume is the technical proposal and the
24 second is the financial proposal. Both identified as such and in
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1 separately sealed envelopes. Each envelope shall bear the
2 proposal's title and number, the name and address of the offeror
3 and closing date and time of the receipt of proposal. Both
4 volumes shall be consecutively numbered. The format for this is
5 clearly stated in the proposal under Section 4. A brief
6 transmittal letter prepared on the offeror's letterhead and
7 signed by someone who is authorized to commit the offeror to the
8 services and requirements of this proposal is requested. Please
9 be sure to include your social security number or your federal ID
10 number and if you have an email address, also include that.

11 Subsection 4.4, list all the documents and information that
12 is required to be submitted with Volume One. Please pay special
13 attention to Subsection 4.4.2, which lists additional
14 requirements and submissions. A 5% MBE goal has been established
15 for this contract and if there are any Certified MBE vendors here
16 today, could you please raise your hand? Okay.

17 The offeror is to make sure that they do complete
18 Attachment D-1, this is the Certified MBE Utilization and Fair
19 Solicitation Affidavit. This attachment must be in a separately
20 sealed envelope and labeled. If an offeror fails to submit this
21 attachment with the offer as required, the procurement officer
22 shall deem the proposal non-responsive and shall be determined
23 that the offer is not reasonable acceptable for award. It's very
24 important that you adhere to that requirement.

1 Your technical proposal should consist of one unbound
2 original, four copies, one electronic version in Microsoft Word
3 format. A second electronic version in searchable PDF format,
4 for Public Information Request is requested. This copy should be
5 redacted with your proprietary information and anything
6 confidential.

7 Within five days of being notified of an award
8 recommendation, the offeror must submit a Contract Affidavit
9 which is Attachment C of the proposal. If there's a question
10 about who your resident agent is, please contact the State
11 Corporate Charter Division which is located at 301 Preston
12 Street, their number is 410-767-1330.

13 Volume Two, which is your financial proposal, shall contain
14 all pricing information in the specified format, in Attachment F.
15 The number of copies for this Volume is the same as the
16 technical, which is one unbound original and four copies. One
17 electronic version in MS Word format and if there's any
18 proprietary information, please also submit a redacted copy also.

19 Your proposal will be evaluated by a committee organized
20 for that purpose and will be based on the criteria set forth in
21 the RFP under Section 5, which is the Evaluation Criteria and
22 Selection Procedure. The technical criteria are listed in
23 descending order of importance and the financial criteria are
24 listed in Subsection 5.3. As noted in Subsection 5.5, under
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1 Selection Procedures, the contract will be awarded to the
2 responsible offeror that submitted the proposal determined to be
3 the most advantageous to the State considering both technical and
4 financial factors. Unsuccessful offerors have the right to
5 request a debriefing.

6 It's very important that you get your proposals to us by
7 the due date, which is Friday, April 5th at 2:00pm. No proposals
8 will be accepted at 2:01 pm. The acceptable means of delivery
9 are the US Postal Service, hand delivery by you, please get a
10 receipt, or by a commercial courier and please get a receipt from
11 them also.

12 Now DDA will introduce themselves and will give you the
13 opportunity to ask any questions that you might have after
14 someone gives you a brief overview of the services being
15 requested.

16 MICHELE FERGES: Hello, my name is Michele Ferges. I
17 am the Acting Chief of Procurement for the Developmental
18 Disabilities Administration. For this solicitation, I will act
19 as Procurement Coordinator. I have Ms. Shirley Pretto from the
20 Central Maryland Regional Office who will provide administrative
21 support today. To my far left is Ms. Nancy Hatch. She is our
22 State Coordinator of Quality Monitoring. I have a few staff from
23 the Developmental Disabilities I'd like to point out. I have Ms.
24 Phyllis Landry. She's our Regional Director for Central Maryland
25

1 Regional Office. And, Regional Deputy Director, Ms. Vanessa
2 Bullock. And, to my left again is Ms. Janet Furman, Acting Chief
3 of Quality Assurance. For this solicitation, she will act as our
4 Contract Monitor. Now, I'll turn it over to Ms. Furman.

5 JANET FURMAN: Currently DDA provides behavioral
6 support services in our four regions. They're all provided a
7 little bit differently. In Eastern Shore and Western Region,
8 they are provided by single provider agencies. In Southern
9 Maryland, it's provided by a consortium of licensed providers.
10 And, in Central Region, behavioral Respite is provided by one
11 licensed provider and the other services are provided by another
12 licensed provider.

13 Currently each provider has a contract that differs a
14 little from the others and part of the purpose of this
15 procurement is to bring all of the contracts together so that all
16 of them have the same deliverables and people are being offered
17 the same opportunities state-wide for services.

18 Some of the terms in this contract have been changed, to
19 allow people to think a little bit differently and not get stuck
20 in the way things currently are provided. So, I'll answer your
21 questions, we will send out answers to questions that we've
22 already received or other questions that need to be looked at a
23 little more.

24 We are looking at services being handled a little bit
25

1 differently. We will be providing mobile crisis intervention
2 services which is a little bit different model than has been
3 provided. And, the real purpose of that is to prevent
4 hospitalization for people that are having significant behavioral
5 challenges at the time and they're next step would be
6 hospitalization if the intervention wasn't provided. We're also
7 looking at behavioral assessment, consultation and support; and
8 behavioral respite. Another reason the services have been
9 changed a little bit is to allow a better ability to bill the
10 Federal Government in its Federal Waiver plan.

11 The other thing that I will let you know is that, currently
12 and even with this proposal, our behavioral support services will
13 not totally meet the CMS Guidelines for allowing Choice, so we're
14 in the process of looking at things a little bit differently, but
15 it will not impact the services being provided through this
16 procurement

17 There was a mention that respite is provided through our
18 state residential centers, there will not be a requirement for
19 this contract to provide services in the state residential
20 centers. I just wanted to clarify that.

21 CATHY CARTER: If you have a question, please stand
22 and give us your name and the company you're with, and state your
23 question.

24 RESPONDENT: My name is Harriett Yafee of The Arc
25

1 of Southern Maryland. We submitted a series of questions through
2 submission and I wasn't sure if you wanted us to present those
3 questions here or do you want them?

4 CATHY CARTER: You can ask your questions today if
5 you like and get an answer if the program has to do research,
6 they will get back with you. And, also, any questions that have
7 been submitted will be answered and placed on eMaryland
8 Marketplace.

9 RESPONDENT: You don't mind if I ask a few
10 questions?

11 CATHY CARTER: No, go right ahead.

12 RESPONDENT: Number 1 that I have is, do the
13 licensed psychologists need to be employed or may be they
14 contracted?

15 JANET FURMAN: The licensed psychologist needs to be
16 the overseer of all the clinical services that are provided.

17 RESPONDENT: Does that person have to be [inaudible
18 13:34]

19 JANET FURMAN: I will answer that for you in writing.

20 RESPONDENT: Another thing that came up in a
21 conversation we had [inaudible 13:46] psychologists that we work
22 with. They told us that a licensed psychologist from Maryland is
23 not supervising more than seven psych associates. So, assuming
24 there are going to be more than seven psych associates, which
25

1 happen to be [inaudible 14:05] all of those services by a
2 [inaudible]. Another question I had is: are licensed
3 professional clinical counselors [inaudible 14:26]? In COMAR,
4 [inaudible] wasn't listed anywhere on [inaudible].

5 JANET FURMAN: I will clarify that for you in
6 writing.

7 RESPONDENT: I'm Cindy Plavier-Truitt, I'm with
8 Humanim. I have a question about the award termination pathology
9 that I'm confused by it. Are you saying that you will be
10 selecting the best score from each region, [inaudible 14:57]
11 coming up with a collective score and then weighing that against
12 the [inaudible]? Because it changes how we—how we would approach
13 that.

14 JANET FURMAN: I can answer it generally, but more
15 specifics we will be put out in writing. We're looking at the
16 possibility of anywhere from one to four contracts for services.

17 CATHY CARTER: Well, it's one module for state wide
18 and then there's several for different regions. As far as I
19 know, each region will be evaluated against each region and then
20 it will be evaluated against the statewide.

21 RESPONDENT: My question is, what's going to be
22 evaluated against statewide? So, are you going to form a class
23 of scores—like, in your best interest, the State has a choice to
24 do the Statewide or region.

1 RESPONDENT: So, if I submit for Southern Region,
2 only and then everybody else does and our scores are varied, are
3 they aggregated to form a collective region score and then
4 measure against the state proposal that anyone submits? That's
5 my question. Because [inaudible 16:21] control in terms of-

6 JANET FURMAN: I would prefer to answer that in
7 writing because I think it will explain it better than my
8 speaking.

9 RESPONDENT: Okay, thank you.

10 RESPONDENT: I'm Marcia [inaudible 16:32] also from
11 Humanim. We had-again, I know we submitted many questions, but
12 one of the questions was that TAS(Temporary Augmentation of
13 staff) is considered part of BSS Services, is that being
14 eliminated in the new model or could that in the past be
15 considered part of the annual support services?

16 JANET FURMAN: Temporary Augmentation of Staff (TAS)
17 has been a service in the current contracts and it's been
18 utilized differently in each region and has not always been the
19 most beneficial way to do things. I think there have been issues
20 that have come up, not with any of the current contractors
21 themselves but just in providing the service. So, that is being
22 removed from the contract, it's being replaced with support
23 services which allow the contractor to provide any type of
24 support they need in the home of the person that needs behavioral
25

1 support. So, it may look the same as some of the past services
2 did in the past, they just will not be called TAS.

3 RESPONDENT: --same thing goes with the behavioral
4 training piece of the grant. I know that's not listed in the
5 RFP. Is there something that's in its place or another billable
6 service that can be used?

7 JANET FURMAN: There is not. Just for reason of
8 looking at the best way to provide standard behavioral support
9 training across the state, we're looking at providing that a
10 little bit differently with different resources. So, training
11 will not be part of this contract, although we may look at other
12 things later on.

13 RESPONDENT: Your current option for a prospective
14 payment for the first quarter--[ph 18:28]

15 JANET FURMAN: No.

16 RESPONDENT: Jeff Cross with Benchmark. I had some
17 questions about the billing, how we currently operate in
18 Maryland. Two or three questions. Everything according to the
19 request for the proposal is based on unit service billing, is
20 that going to be the only reimbursement that it goes by?

21 JANET FURMAN: Yes.

22 RESPONDENT: To the provider? There's no provision
23 for start-up, as I understand this. If a provider should train
24 personnel, recruit, etc., if those costs are amortized over the
25

1 life of their contract, is that something that would be
2 acceptable if that's put into a projective unit service price?

3 JANET FURMAN: I hope I say this the right way. All
4 of the rates that you propose are considered to be fully loaded
5 rates, so that anything such as travel, training for your staff,
6 anything else, should be loaded into that rate. Does that answer
7 your question?

8 RESPONDENT: Yeah, well related to that, for
9 example, mobile crisis, if there's a 3 hour response [inaudible
10 19:38] travel across several counties to see an individual, is
11 that travel time a billable service or is it when they arrive on
12 site-

13 JANET FURMAN: It's only the time that they're
14 actually providing a service, however again, the travel time can
15 be loaded into your rate.

16 RESPONDENT: And then, another question, I think
17 this was asked earlier. There's no additional contract funding
18 for the first part of the contract for any start-up provisioning
19 again, to cover those costs in the beginning [crosstalk]

20 JANET FURMAN: No, this contract will be paid based
21 on invoices submitted.

22 RESPONDENT: I see. And, another question about
23 respite. Would there be someone available on a 24-hour basis to
24 include respite requests, is that how that would work or is there
25

1 another arrangement?

2 JANET FURMAN: We will get back to you on that.

3 RESPONDENT: I have one more question related to
4 mobile crisis at this time. Are there specific requirements or
5 protocol that the two crisis team members who were specified here
6 to respond arrive at the same time or is it possible if one
7 responds first and the other could follow later?

8 JANET FURMAN: You may propose how you want it.

9 RESPONDENT: Thank you.

10 RESPONDENT: Emergency—

11 CATHY CARTER: Can you state your name again?

12 RESPONDENT: Sure. Scott Deadrick from Humanim.
13 Emergency consultation, [inaudible] in the hospital [inaudible]
14 currently is built into the contract [inaudible 21:13] version of
15 the RFP?

16 JANET FURMAN: Emergency consultation can be handled
17 through either the mobile crisis or through the behavioral
18 consultation assessment.

19 RESPONDENT: [inaudible 21:29] -the first question
20 I had which was [inaudible] contract award, I'm wondering if all
21 of the psychologist staff [inaudible 21:44] need to be employees
22 or can they be consultants?

23 JANET FURMAN: They can be consultants, there has to
24 be a psychologist who is overseeing [inaudible 21:55]

25

1 RESPONDENT: I think that's probably—that
2 particular position [inaudible 22:03]

3 JANET FURMAN: And we will clarify that for you.

4 RESPONDENT: Right. Part of the reason is because
5 if you are head of a project, let's say, your psychologist you
6 work with, none of them want to manage a project, they strictly
7 want to provide services. So, we're just wondering, [inaudible]
8 is there [inaudible]

9 JANET FURMAN: We will clarify that for you.

10 RESPONDENT: Laurie Singer [inaudible 22:42] What's
11 your definition of an approved on-call respite care provider and
12 is there a list of [inaudible 22:48]

13 JANET FURMAN: There is not a list and I will clarify
14 that for you.

15 RESPONDENT: [inaudible 22:59]

16 JANET FURMAN: No, because the service has changed in
17 some of the regions.

18 RESPONDENT: Do you have the data on the number—
19 [inaudible 23:16], is there data on the number of people and days
20 of respite in the region? Does it break down by regions?

21 JANET FURMAN: There is not data on the number of
22 people and days of respite in each region.

23 RESPONDENT: Jeff Cross from Benchmark again. A
24 couple of other questions related to [inaudible 23:38] prices.

25

1 Is there currently a single point of entry for individuals,
2 providers, other stakeholders, [inaudible 23:47]

3 JANET FURMAN: That would be part of what the
4 contractor provides.

5 RESPONDENT: So, whether that's call center or
6 person on call, etc. Okay. And then, another question is, if
7 the bidder includes [inaudible 24:05] -consulting, psychiatric
8 support, is that something that would be billable under this or
9 would that have to be wrapped up in that projected unit of
10 service cost?

11 JANET FURMAN: Yes.

12 RESPONDENT: Is there, related to that, any limit
13 on the amount that could be expended through the contract, for
14 example, if the program [inaudible 24:30], --have arbitrary
15 limits on how much of the service could be provided or a cost per
16 unit?

17 JANET FURMAN: Let me answer that later for you.

18 RESPONDENT: Okay.

19 RESPONDENT: [inaudible 24:50] I was just wondering
20 about the [inaudible] for the rate--the unit rate. I'm trying to
21 think about if you had data on the number of medically fragile
22 people that would be needing respite--I'm trying to think about
23 [inaudible 25:06] How many people do you have that need 24-hour
24 nursing, that need skilled nursing, that are entering respite,
25

1 the intensity of the service can be on here. [inaudible 25:19]
2 an appropriate level, but we can figure that out in terms of
3 skill level, and also, would you ever consider tiering the rates
4 in terms of high intensity needs versus low intensity behavioral
5 medical needs?

6 JANET FURMAN: Let me get back to you on the
7 possibility of tiering the rates. As far as the data on the
8 people needing more medically complex services, I will get back
9 to you as to whether we have that data.

10 RESPONDENT: Okay, thank you.

11 RESPONDENT: [inaudible 25:45] again. How are you
12 defining the completed behavioral assessment—does that include
13 the behavior plan, which actually a behavior plan was not
14 referred to specifically in the RFP. So, it's [inaudible 26:00]
15 which area.

16 JANET FURMAN: It could vary. It could be a behavior
17 plan if that's what the completed assessment shows is needed. It
18 could be just a consultation or a report could be one.

19 RESPONDENT: [inaudible 26:22] Community Services.
20 Janet, is it to be assumed, I guess, [inaudible 26:26] that once
21 the rates are determined [inaudible 26:30]

22 JANET FURMAN: You should figure in your cost,
23 including cost of living increases for the three years. Should
24 we change any of the deliverables in the contract, we would work
25

1 out a modification and a change of rate.

2 RESPONDENT: Jeff Cross again, question related to
3 that, for example, you know, Montgomery County has living wage
4 requirements, compliance with that, we would need to project that
5 into the rate projections [pause]

6 RESPONDENT: Jeff Cross again, question about the
7 pay [inaudible 27:46] data according to the number of individuals
8 who qualify for service [inaudible 27:54] system now. Is there
9 anything more specific that's available in terms of anticipated
10 number of requests for mobile crisis for some of these other
11 services or is that something you can project from that data?

12 JANET FURMAN: I will get back to you with an answer.

13 RESPONDENT: That might be helpful in terms of
14 they're very urban areas and very rural areas [inaudible 28:20]
15 be able to know where the additional staff would be, that's
16 something important. Thank you.

17 RESPONDENT: Scott Deadrick, Humanim -historically,
18 the Eastern Shore psychology associates that are employees of the
19 regional office there, [inaudible 28:38] for the providers, is
20 that [inaudible] still going to be in place or has that changed?

21 JANET FURMAN: That is something that we need to get
22 back to you on.

23 RESPONDENT: Laurie Sommerville again, given that
24 the questions that we submitted and some of the other questions
25

1 may not be able to be answered within five days, so it could be
2 next Monday, the proposals are due next Friday, is there any
3 consideration to extending the deadline?

4 CATHY CARTER : Yes, we are considering extending it
5 another seven days. Instead of Friday the 5th, it would be Friday
6 the 12th.

7 RESPONDENT: When will you be making this decision?

8 CATHY CARTER: The decision actually has been made
9 and the addendum will go out with the minutes of this conference.

10 RESPONDENT: Thank you.

11 RESPONDENT: Cindy Plavier Truitt-Humanin. In the
12 technical proposal, it says to insert the resumes of all the
13 professionals in the document, that could be like—is it possible
14 to make an attachment to the document for that or do you really
15 want them in the middle of the stack?

16 JANET FURMAN: We will clarify that for you.

17 RESPONDENT: Okay.

18 RESPONDENT: What do you anticipate to be the
19 turning around time once all the proposals are in?

20 CATHY CARTER: Well, actually, we would like the
21 contract to start July 1. So, between now and I would say,
22 what's the date? March 26th. Probably an apparent winner could
23 be notified by May 1st. Between May 1st and May 15th. This
24 contract has to go before the Board of Public Works, so we need
25

1 at least 30 days to get the paperwork to them to be able to move,
2 forward.

3 RESPONDENT: [inaudible 31:08] -the current
4 provider does [inaudible], is there any consideration to helping
5 the bidder with one transition of the information to that,
6 [inaudible 31:21], is there some thought about a contract
7 continuance for a period of time to make that transition?

8 JANET FURMAN: We will respond to that.

9 RESPONDENT: Okay.

10 RESPONDENT: [inaudible 31:40] -had asked a
11 question about the [inaudible] for three years, [inaudible]
12 There's one form that shows you [inaudible 31:59]

13 JANET FURMAN: The units are for three years, for the
14 entire three year contract.

15 RESPONDENT: [inaudible 32:05] page for one year,
16 another page for the second year and another for the third year.

17 RESPONDENT: Jeff Cross again, couple of questions,
18 one related to that the provider-the behavioral support services,
19 are there any state specific licensure requirements or
20 certification on anything [inaudible 32:42] beyond the specific
21 qualifications required obviously by [inaudible]-is there any
22 kind of licensure that is required [inaudible]

23 JANET FURMAN: Currently all of our providers are
24 licensed providers but I will clarify that for you.

1 RESPONDENT: And, if I may also ask a related
2 question again about the rates, are there currently existing unit
3 service rates for these services that are outlined in this—

4 JANET FURMAN: There are not rates exactly for the
5 services that are outlined in this.

6 RESPONDENT: [inaudible 33:21]

7 JANET FURMAN: There is, but I don't remember where
8 it is in here. Hold on, I'll get the page. In Section 3.12,
9 Interpretation Services, the contractor shall provide foreign
10 language and sign language interpretation for those people that
11 require such services. So, they should be built into the rate.

12 RESPONDENT: [inaudible 33:51] -Given that there's
13 not an ability to do a prospective payment, from a cash flow
14 perspective, what is the turnaround time once monthly invoices
15 have been submitted for payment?

16 JANET FURMAN: I would prefer to get back to you on
17 that. I believe its one month but I just want to make sure that
18 is correct.

19 RESPONDENT: I have another question about
20 implementation and demand for the services, particularly if
21 you're adding mobile crisis to the component to your behavioral
22 support, typically [inaudible 34:45] and there may be a demand
23 curve if you will, so it starts out slow and then suddenly
24 there's [inaudible 34:53] in terms of projecting, as I understand

25

1 it's something we take a risk on when we propose a price, but I
2 was just curious [inaudible 35:05] to anticipate, is there any
3 assistance from state agencies to educate or inform or do some
4 kind of a rollout on this where it would be more likely that you
5 could get as many people as possible that use the service when it
6 begins?

7 JANET FURMAN: I will respond to that in writing.

8 RESPONDENT: Okay, thank you.

9 RESPONDENT: Given the fact that completed
10 assessment may contain a behavior plan, there's nothing in here
11 that--there's a minimum--or, within 15 days to have that plan done
12 and sent out to various [inaudible 35:53] provider and also DDA
13 after the initial 10 days, just wondering, given the fact that
14 some standing committees don't meet--or, only meet monthly, is
15 there any possibility that that parameter, due to the fact that
16 there's a lot of variables that the providers might not be able
17 to meet.

18 JANET FURMAN: I will clarify that for you.

19 RESPONDENT: Okay.

20 RESPONDENT: Are there any [inaudible 36:17]?

21 JANET FURMAN: The current services are not laid out
22 as behavioral crisis services.

23 RESPONDENT: Secondly--so, the mobile crisis, is
24 that [inaudible 36:33] treatment team under mental health
25

1 [inaudible] is that the goal or the vision to [inaudible 36:47]

2 JANET FURMAN: The goal is to be responsive to the
3 people in need of services at the time that they need the
4 services.

5 RESPONDENT: And, then I'm just asking because
6 [inaudible 36:56] Yeah, okay. Fine. Is there any consideration,
7 and I understand clearly that your goal is to you know, have
8 [inaudible 37:20] to someone and be consistent, but is there any
9 consideration [inaudible] component out of the [inaudible]
10 because there is no structure crisis intervention team that has
11 been doing the services, now, you know.

12 JANET FURMAN: Not at this time.

13 RESPONDENT: Okay.

14 RESPONDENT: Hi again, [inaudible 37:45-38:04] --
15 there's a sentence that reads, the preliminary [inaudible 38:09]
16 of intervention [inaudible 38:14] turnaround time and the
17 [inaudible] time to actually [inaudible]

18 JANET FURMAN: I will clarify that for you.

19 RESPONDENT: [inaudible 38:45] Humanim. I wanted
20 to ask questions about the units of service and just wonder about
21 how they were arrived at. It's just based on the [inaudible
22 38:55] from last year or projected [inaudible 38:57]

23 JANET FURMAN: It is based on some of the data from
24 the past year, and I will provide you an answer in writing that

25

1 will be better clarified.

2 RESPONDENT: Laurie Sommerville, two questions,
3 will there be caps on the units of services that are projected?

4 JANET FURMAN: We will answer that for you.

5 RESPONDENT: Okay. The second question is, there's
6 currently a transitional respite unit in the central region.
7 Will that be eliminated?

8 JANET FURMAN: The services will not be delivered as
9 they currently are. If part of your proposal would be to provide
10 that type of service, that's something that you could propose.

11 RESPONDENT: [inaudible 39:54] -there was some
12 mention about medical respite -and I didn't see anywhere in this
13 RFP.

14 JANET FURMAN: You're correct. This does not address
15 medical crises, however, there may be a time when someone has a
16 significant behavioral crisis that's really impacting their life
17 but also has a medical need that would require a different level
18 of service.

19 RESPONDENT: Right.

20 RESPONDENT: Going back to the question about the
21 units and [inaudible 40:42], is there consideration based on
22 [inaudible 40:45] that headquarters may decide to move around the
23 money or use the service [inaudible] certain areas [inaudible
24 40:55] --would you consider moving that day on the demand and
25

1 need?

2 JANET FURMAN: Let me clarify. I will go back and
3 ask that.

4 RESPONDENT: There are times when you're asked to
5 go out of state to evaluate an individual that's returning from
6 the State of Florida, Delaware, Virginia—if that is the case, and
7 that's requested from the Regional Office or from Headquarters,
8 how would that be paid for in terms of the evaluation? Travel?
9 I mean, it couldn't be [inaudible 41:48]

10 JANET FURMAN: We will give you an answer to that.

11 RESPONDENT: Okay.

12 RESPONDENT: Kind of a [inaudible 42:02-42:18] -pay
13 a very different rate and--

14 RESPONDENT: --unit pricing based on intensity
15 [inaudible 42:47]

16 JANET FURMAN: I will answer that for you. The
17 reason that we have the units is because of the federal billing
18 so I will answer that for you.

19 RESPONDENT: Laurie Sommerville. From the
20 prospective of potentially needing to do a A133 Audit, [inaudible
21 43:13] considered to be [inaudible]?

22 JANET FURMAN: I can't tell you right off the bat but
23 I know it's in here. I will answer it for you. It's in here, I
24 know, because I saw it, we put it in but I can't tell you exactly

25

1 where that is right now.

2 RESPONDENT: Thank you.

3 RESPONDENT: Jeff Cross, [inaudible 43:41]. Three
4 or four more questions. One is related to respite services,
5 there is no restriction on subcontracting for those as long as
6 you coordinate and take responsibility for the respite placement,
7 you can be innovative, creative in terms of certain options for
8 that?

9 JANET FURMAN: Yes, but the contractor is responsible
10 for oversight.

11 RESPONDENT: I understand. And then another,
12 slightly more technical question here, as a crisis service
13 provider, for example, it notes that the [inaudible 44:14] -
14 preliminary or in a very short span of time, a behavioral support
15 plan, are we responsible as the provider for the process of
16 getting like Human Rights Committee approval and doing all of
17 that coordination? Is that something that we should-

18 JANET FURMAN: Let me answer that in writing.

19 RESPONDENT: Okay. And then also for individuals
20 who would be referred or behavior support urgency response type
21 services, would the provider be responsible to be kind of an
22 eligibility tool or an assessment of eligibility or do you
23 presume that anyone who gets referred or contacts the vendor
24 would be eligible for services?

25

1 JANET FURMAN: I will clarify that for you just to
2 make sure.

3 RESPONDENT: Okay. And, another question related
4 to the emergency responses, is there any provision or how would
5 the vendor get important relevant information with in a three
6 hour response time? Would that be available onsite when they
7 arrive where the individual lives, or is there anything
8 electronically or any other way to access that information? Just
9 background information about the individual or their situation?

10 JANET FURMAN: I believe we have a way for you to
11 access it. I will respond to that.

12 RESPONDENT: [inaudible 45:46] Humanim. I'm trying
13 to imagine, the state wide proposal is elective and you're the
14 Contract Monitor, so will there be a relationship between your
15 office or your [inaudible 46:01] headquarters?

16 JANET FURMAN: I will be the Contract Monitor. There
17 will be relationships with our regional staff.

18 RESPONDENT: And, if there's a priority case, then
19 would we work with headquarters, if it's multiregional?
20 Sometimes they're—

21 JANET FURMAN: We will clarify that piece for you.
22 Our regional staff know the people better in their region, so it
23 makes sense to have them involved. Anymore questions?

24 RESPONDENT: [inaudible 46:42] if we have somebody
25

1 in respite who's actually in residential at another agency
2 [inaudible] 46:52] is there a problem then, funding wise, if
3 they're funded at their residential agency and then through us
4 [inaudible 47:00]

5 JANET FURMAN: Let me clarify.

6 RESPONDENT: [inaudible 47:12] needing respite but
7 their home environment is okay but they need a vocational or a
8 day, is there a way to chop up the rate because it wouldn't be a
9 full day rate?

10 JANET FURMAN: What we have looked at for the respite
11 rate is based on what the residential requirements are and that
12 is six hours or more.

13 RESPONDENT: Okay, thank you.

14 CATHY CARTER: There's no more questions? I know we
15 do have a lot of unanswered questions but we will get the answers
16 out to you as soon as possible. Is there any more questions?
17 Okay. Well, we appreciate you coming and thank you for your time
18 and your interest.

19 [end of conference 48:17]
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